

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 resident (Resident #1) reviewed for infection control. The facility failed to ensure CNA A and CNA B utilized proper PPE while providing care for Resident #1. This failure could place residents at risk of infection or illness. Findings included:Record review of Resident #1's face sheet, dated 11/18/2025, reflected an [AGE] year-old female admitted on [DATE]. Diagnoses included type 2 diabetes mellitus with foot ulcer (skin break down resulting from the body's inability to self-regulate glucose levels).Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS of 15, which indicated intact cognition.Record review of Resident #1's care plan report, dated 11/18/2025, revealed the following:I have actual impairment to skin integrity of the left inner thigh/groin area r/t fragile skin, incontinence of urine ***Enhanced Barrier Precautions*** for wound care. [sic]Record review of Resident #1's active physician orders did not reveal and order for EBP. In an observation on 11/18/2025 at 12:10 PM, CNA A and CNA B transferred Resident #1 using the mechanical lift device. Signage indicating Resident #1 required EBP was posted on the wall outside of the door, and a caddy containing PPE was hanging from the door. CNA A and CNA B were not wearing gowns while performing the transfer. In an interview with CNA A on 11/18/2025 at 12:10 PM, she said Resident #1 required EBP due to wounds on her buttocks. She said she did not don a gown because she assisted with a transfer, and PPE was only required when performing care such as changing a resident's soiled brief. She said not wearing proper PPE could cause an infection. In an interview with the ADON on 11/18/2025 at 1:40 PM, she said she served as the infection preventionist for the facility since July 2025. She said it was the corporate policy to not enter a physician's order for isolation precaution and to instead include any isolation required in the profile of the electronic medical record. She said the isolation precautions would populate under the special instructions of a resident's profile heading. She said the facility's policy and her expectation of staff assisting with transfers for residents on EBP they will don gowns and gloves. She said the potential harm to residents of staff not utilizing PPE was the spread of infection to staff or other residents. In an interview with the DON on 11/18/2025 at 1:50 PM, she said that staff should wear gowns and gloves while transferring residents on EBP. Record review of the facility policy titled Enhanced Barrier Precautions, dated 4/1/2024, revealed the following:EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing Resident activity/assistance: Transfer a resident, alcohol based hand rub before and after: Yes, [NAME] gloves and gown: Yes.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE